

**DEPARTMENT OF REVENUE
 FORM ORDER REQUEST**



*Print three forms, one for your file.
 Two for Support Services to be included with draft sample.*

Type of Issuance		Action	
<input type="checkbox"/> Form <input type="checkbox"/> Form Letter <input type="checkbox"/> Circular <input type="checkbox"/> Circular Letter		<input type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Rerun	
<input type="checkbox"/> Regulation <input type="checkbox"/> Special		Date on Form	
Form or Issuance No.	Description or Title	Date Submitted	Date Required
Quantity Needed <input type="checkbox"/> Web <hr style="width: 100px; margin-left: 0;"/> <i>Date to be posted</i>	Print on Front and Back <i>If Yes, check one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Head on Head <input type="checkbox"/> Head on Side <input type="checkbox"/> Head on Foot	Number of Pages	Size
			Color of Paper Job to Be Printed On
Check if Applicable <input type="checkbox"/> Collate <input type="checkbox"/> Cut <input type="checkbox"/> Pad Sheet per Pad _____ <input type="checkbox"/> Punch <input type="checkbox"/> Side <input type="checkbox"/> Top No. of Holes _____ <input type="checkbox"/> Fold Folded Size _____ <input type="checkbox"/> Staple <input type="checkbox"/> Side <input type="checkbox"/> Top No. of Staples _____ <input type="checkbox"/> Bind Specify Type _____ <input type="checkbox"/> Perforate Show Position on Sample		Distribution Amount (Must complete, if applicable.) <input type="checkbox"/> Stock Room _____ <input type="checkbox"/> Service Center _____ <input type="checkbox"/> Tax Area _____ <i>If station number and floor are different from below include another station number.</i> <input type="checkbox"/> MAILING INSERTS (<i>Include return type & mailing date.</i>)	
Ordered by (please print)		Phone Number	Station Number
			Floor

Approved by Supervisor, Branch Manager or Director

Signed _____

This form is located on the DOR web site at <http://krew.ky.gov>, under forms, once filled out send to Support Services Branch, Station 35.

DO NOT COMPLETE (For use by Support Services Branch)

Job Number	Date Received	Date Completed	Type Printer